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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Anthony First name Michael Middle name	Anna Marie First name Middle name
	Bring your picture identification to your meeting with the trustee.	Riess Last name and Suffix (Sr., Jr., II, III)	Riess Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3513	xxx-xx-6030

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Debtor 1 Anthony Michael Riess
Debtor 2 Anna Marie Riess

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live	1 Elmwood Road	If Debtor 2 lives at a different address:				
		Mount Laurel, NJ 08054 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Burlington					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Case 19-20138-JNP Doc 1 Filed 05/20/19 Entered 05/20/19 11:27:12 Desc Main Page 3 of 65 Document Debtor 1 **Anthony Michael Riess Anna Marie Riess** Debtor 2 Case number (if known) Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay П The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When District Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District

11. Do you rent your residence?

■ No.

Go to line 12.

Debtor

District

☐ Yes.

Has your landlord obtained an eviction judgment against you?

When

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Relationship to you

Case number, if known

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Anthony Michael Riess

	otor 1 Anthony Michael I otor 2 Anna Marie Riess			Case number (if known)				
Par	Report About Any Bu	sinesses	You Own as a Sole Proprie	etor				
12.	Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business?							
		☐ Yes.	☐ Yes. Name and location of business					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code				
	it to this petition.		Check the appropriate b	ox to describe your business:				
			☐ Health Care Bus	ness (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Rea	Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above	e				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	■ No.	I am not filing under Cha	pter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or Ai	ny Property That Needs Immediate Attention				
14	Do you own or have any		,	, .p. ,				
	property that poses or is	■ No.						
	alleged to pose a threat of imminent and	nent and What is the hazard?						
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	Number, Street, City, State & Zip Code						
				Tallians, street, only, state a Lip sour				

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Debtor 1 Anthony Michael Riess
Debtor 2 Anna Marie Riess

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-20138-JNP Doc 1 Filed 05/20/19 Entered 05/20/19 11:27:12 Desc Main Document Page 6 of 65

Debtor 1 **Anthony Michael Riess** Debtor 2 **Anna Marie Riess** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** What kind of debts do Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. 16a. individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **\$0 - \$50,000** □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion ■ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100.000.001 - \$500 million ☐ More than \$50 billion ■ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Anthony Michael Riess /s/ Anna Marie Riess **Anthony Michael Riess** Anna Marie Riess Signature of Debtor 1 Signature of Debtor 2 Executed on May 20, 2019 Executed on May 20, 2019

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1	Anthony Michael Riess		
Debtor 2	Anna Marie Riess	Case number (if known)	
		·	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Edward L. Paul	Date	May 20, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Edward L. Paul EP8529		
Printed name		
Paul & Katz, P.C.		
Firm name		
1103 Laurel Oak Road		
Suite 105C		
Voorhees, NJ 08043-4375		
Number, Street, City, State & ZIP Code		
Contact phone 856-435-6565	Email address	elp@paulandkatzlaw.com
EP8529 NJ		
Bar number & State		

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		Ducumen	L Faut o ul us	
Fill in this infor	mation to identify your	case:		
Debtor 1	Anthony Michael	Riess		
	First Name	Middle Name	Last Name	
Debtor 2	Anna Marie Riess	5		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSE	ΞΥ	
Case number _				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

Paı	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	589,500.0
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	23,826.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	613,326.0
'aı	t 2: Summarize Your Liabilities		
			abilities It you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	556,308.5
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	115,144.4
	Your total liabilities	\$	671,452.98
aı	t 3: Summarize Your Income and Expenses		
•	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,881.2
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,880.0
aı	t 4: Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose " 11 LLS C & 101(8). Fill out lines 8-9g for statistical purposes. 28 LLS C & 159		

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1	Anthony Michael Riess
Debtor 2	Anna Marie Riess

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,639.19

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Case	19-20130-0	INF DOCT	_	ument Page 10 of 65	0/13 11.2	21.12	Desc	, iviaii i
Fill in this inforn	nation to identify	your case and th						
Debtor 1	Anthony Mic	shool Biocc						
SCOIOI I	First Name		e Name	Last Name				
Debtor 2	Anna Marie	Riess						
Spouse, if filing)	First Name		e Name	Last Name				
Jnited States Ba	nkruptcy Court for	the: DISTRICT	OF NE	W JERSEY				
Case number _								Check if this is an amended filing
	rm 106A/E e A/B: P i	_					1	2/15
nink it fits best. B Information. If more Inswer every ques	e as complete and e space is needed, tion.	accurate as possibl attach a separate s	le. If two heet to t	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In	equally response	onsible for su	pplying	g correct
Yes. Where is	s the property?							
1.1			What	is the property? Check all that apply				
1 Elmwoo					deduct secured claims or exemptions. Put bunt of any secured claims on Schedule D:			
Street address,	if available, or other des	scription		Duplex or multi-unit building Condominium or cooperative				s on Schedule D: ured by Property.
				Manufactured or mobile home	Current val	ue of the	Curre	ent value of the
Mount La	urel NJ	08054-0000		Land	entire prop			on you own?
City	State	ZIP Code		Investment property	\$42	0,000.00		\$420,000.00
					Describe th	ne nature of y	our ow	nership interest
				Other		e simple, ten e), if known.	ancy by	y the entireties, or
			Who	has an interest in the property? Check one Debtor 1 only	a ille estate	;), ii kilowii.		
Burlington	n							
County	•		. ⊑	Debtor 1 and Debtor 2 only				
				At least one of the debtors and another		eck if this is community property e instructions)		property
			Otho	At least one or the deptors and another r information you wish to add about this ite	,	,		
				orty identification number:	iii, sucii as iti	-ai		

Official Form 106A/B Schedule A/B: Property page 1

Debtor 2	•				Case	e number (if known)		
lf y	ou own or hav	e more	than one, list h	ere:				
25 Un	5 S. Church Road nit 145 eet address, if available, or other description				is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:	
City	ple Shade	NJ State	08052-0000 ZIP Code		Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only		Current value of the portion you own? \$57,000.00 your ownership interest lancy by the entireties, or	
Cour	rlington				Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iter erty identification number:	Check if this is con (see instructions) m, such as local	nmunity property	
1.3 343	If you own or have more than one, list he 343 Hartford Road Street address, if available, or other description			Mere: What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative		Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
Mo City	ount Laurel	NJ State	08054-0000 ZIP Code	_	Manufactured or mobile home Land Investment property Timeshare Other		Current value of the portion you own? \$112,500.00 your ownership interest lancy by the entireties, or	
Cour	rlington nty			Othe	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iter erty identification number:	Check if this is con (see instructions)	nmunity property	
page	es you have atta	ched for			your entries from Part 1, including any r here		\$589,500.00	
o you o	else drives. If yo	i ve legal u lease a		rt it on S	ny vehicles, whether they are registere Schedule G: Executory Contracts and Une rcycles		ehicles you own that	

Official Form 106A/B Schedule A/B: Property page 2

	Case 19-202	138-JNP	Doc 1	Filed 05/20/19 Document Pa	Entered 05/20/19 1 age 12 of 65	1:27:12	Desc Main
Debtor 1 Debtor 2	Anthony Mic Anna Marie I			Document F	Case number	(if known)	
Examp —	craft, aircraft, mot	or homes, AT			, other vehicles, and accessor nobiles, motorcycle accessories	·	
■ No							
☐ Yes		the portion y	ou own for a	all of your entries from	Part 2, including any entries fo	or _	
.pages	s you have attache	ed for Part 2.	Write that no	umber here		=>	\$0.00
	Describe Your Perso						
			ble interest	in any of the following	items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Exam</i> □ No	ehold goods and for ples: Major applian s. Describe		linens, china	ı, kitchenware			
	o. 20001100						
				sehold furnishings, a are with no one item	ppliances, decorations, valued over \$500		\$6,000.00
□ No ■ Ye	•		ell phones,		olet and printer with no		\$1,000.00
Exam ■ No	other collection	figurines; pain ons, memorab	ntings, prints, ilia, collectibl	or other artwork; books, es	pictures, or other art objects; sta	amp, coin, or t	paseball card collections;
Exam	musical instru	graphic, exerc	ise, and othe	er hobby equipment; bicy	cles, pool tables, golf clubs, skis	; canoes and	kayaks; carpentry tools;
■ No		s, shotguns, ar	mmunition, ar	nd related equipment			
☐ No	mples: Everyday clo	othes, furs, lea	ither coats, d	esigner wear, shoes, acc	essories		
		Man's war	drobe]	\$400.00
		•				•	

Official Form 106A/B Schedule A/B: Property page 3

Misc. Woman's wardrobe

\$500.00

Entered 05/20/19 11:27:12 Desc Main Case 19-20138-JNP Doc 1 Filed 05/20/19 Page 13 of 65 Document Debtor 1 **Anthony Michael Riess Anna Marie Riess** Debtor 2 Case number (if known) 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$500.00 Wedding band, misc. watches and chains Misc. costume jewelry, gold wedding ring and engagement ring \$1,500.00 and misc. chains, bracelets and earings. 13. Non-farm animals Examples: Dogs. cats. birds. horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$9,900.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$78.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... TD Bank account ending in 7876 \$110.00 Checking 17.1. Republic Bank account ending in 8691 \$1,200.00 Checking 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No

☐ Yes...... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Filed 05/20/19 Entered 05/20/19 11:27:12 Desc Main Case 19-20138-JNP Doc 1 Page 14 of 65 Document Debtor 1 **Anthony Michael Riess Anna Marie Riess** Debtor 2 Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401k Transamerica - Acct ending in 00001 \$12,538.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

Case 19-20138-JNP Doc 1 Filed 05/20/19 Entered 05/20/19 11:27:12 Desc Main Document Page 15 of 65 Debtor 1 **Anthony Michael Riess Anna Marie Riess** Debtor 2 Case number (if known) 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance: health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$13,926.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7:

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Anthony Michael Riess Debtor 1 Debtor 2 **Anna Marie Riess** Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$589,500.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 57. \$9,900.00 Part 4: Total financial assets, line 36 \$13,926.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$23,826.00 Copy personal property total \$23,826.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$613,326.00

Official Form 106A/B Schedule A/B: Property page 7

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		Bodanie	11000 1100	
Fill in this infor	mation to identify your	case:		
Debtor 1	Anthony Michael	Riess		
	First Name	Middle Name	Last Name	
Debtor 2	Anna Marie Riess	5		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JEI	RSEY	
Case number				
(if known)				☐ Check if this is
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.			
	1 Elmwood Road Mount Laurel, NJ	\$420,000.00		\$20,000.00	11 U.S.C. § 522(d)(1)		
	08054 Burlington County Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit			
	25 S. Church Road Unit 145 Maple Shade, NJ 08052 Burlington County	\$57,000.00		\$8,000.00	11 U.S.C. § 522(d)(5)		
	Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit			
	343 Hartford Road Mount Laurel, NJ 08054 Burlington County	\$112,500.00		\$6,000.00	11 U.S.C. § 522(d)(5)		
	Line from Schedule A/B: 1.3			100% of fair market value, up to any applicable statutory limit			
	Misc. Furniture, household furnishings, appliances,	\$6,000.00		\$6,000.00	11 U.S.C. § 522(d)(3)		
	decorations, linens and kitchenware with no one item valued over \$500 Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit			
	4 TVs, 2 cell phones, laptop computer, tablet and printer with no	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)		
	one item valued over \$500 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit			

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Anthony Michael Riess

otor 2 Anna Marie Riess			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Man's wardrobe Line from Schedule A/B: 11.1	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)
Life Holli Schedule A.B. 1111			100% of fair market value, up to any applicable statutory limit	
Misc. Woman's wardrobe	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
ine nom <i>Schedule PAB</i> . 11.2			100% of fair market value, up to any applicable statutory limit	
Vedding band, misc. watches and hains	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)
ine from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
lisc. costume jewelry, gold weddinging and engagement ring and misc.	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(4)
hains, bracelets and earings. ine from Schedule A/B: 12.2			100% of fair market value, up to any applicable statutory limit	
Cash ine from <i>Schedule A/B</i> : 16.1	\$78.00		\$78.00	11 U.S.C. § 522(d)(5)
ine nom schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
Checking: TD Bank account ending	\$110.00		\$110.00	11 U.S.C. § 522(d)(5)
ine from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
hecking: Republic Bank account	\$1,200.00		\$1,200.00	11 U.S.C. § 522(d)(5)
ine from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
01k: Transamerica - Acct ending in	\$12,538.00		\$12,538.00	11 U.S.C. § 522(d)(12)
ine from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmen	nt.)
■ No	2 , 5 2 5 2 2. 1112 101 00		or allow and date of daydolfflor	,
Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
□ No				
☐ Yes				

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		Document	Page 1	L9 of 65	_	
Fill in this informat	tion to identify you	r case:				
Debtor 1	Anthony Michae	el Riess Middle Name	Lost Nama			
Dobtor 2			Last Name			
Debtor 2 (Spouse if, filing)	Anna Marie Ries	Middle Name	Last Name			
(Opodoo II, IIIIIIg)	Thor Hamo	Wilder Name	Lastramo			
United States Bankı	ruptcy Court for the:	DISTRICT OF NEW JERSEY				
Coop number						
Case number					☐ Check	if this is an
<u>, </u>					_	ed filing
Official Form	106D					
Schodula D	· Craditors	Who Have Claims	Sacura	ad by Property	,	12/15
Scriedule D	. Creditors	Wild Have Claims	Jecui e	ed by Froperty	'	12/13
		If two married people are filing togethe out, number the entries, and attach it t				
1. Do any creditors ha	ve claims secured by	your property?				
_ `	_		echodulas	Vou have nothing also to	report on this form	
_		nis form to the court with your other	scriedules.	Tou have nothing else to	report on this loin.	
Yes. Fill in al	I of the information I	below.				
Part 1: List All S	Secured Claims					
2. List all secured cla	ims. If a creditor has r	nore than one secured claim, list the cre-	ditor separate	ely Column A	Column B	Column C
		a particular claim, list the other creditors			Value of collateral	Unsecured
much as possible, list t	ine ciaims in aipnabeli	cal order according to the creditor's name	₽.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Bank of Am	erica	Describe the property that secures t	he claim:	\$64,200.00	\$112,500.00	\$44,127.29
Creditor's Name		343 Hartford Road Mount La	urel, NJ			
Attn: Bankr		08054 Burlington County				
Nc4-105-02-		As of the date you file, the claim is:	Check all that			
Po Box 260°		apply.				
Greensboro		☐ Contingent				
Number, Street, Cit	ty, State & Zip Code	☐ Unliquidated				
Who owes the debt	? Check one	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	· Check one.	☐ An agreement you made (such as r	mortanao or s	cocurad		
Debtor 2 only		car loan)	nortgage or s	secureu		
■ Debtor 1 and Debtor	or O only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the	•	☐ Judgment lien from a lawsuit	manio o non			
☐ Check if this clain		☐ Other (including a right to offset)				
community debt	ii relates to a	Other (including a right to onset)				
•				_		
Date debt was incurre	ed	Last 4 digits of account numb	ber 709 9	<u> </u>		
2.2 Bank of Am	erica	Describe the property that secures t		\$86,200.00	\$420,000.00	\$0.00
Creditor's Name		1 Elmwood Road Mount Lau	rel, NJ			
Attn: Bankr		08054 Burlington County				
Nc4-105-02- Po Box 260 ^o		As of the date you file, the claim is:	Check all that			
Greensboro		apply. Contingent				
-	ty, State & Zip Code	Unliquidated				
rumbor, outoot, on	ty, ctate a zip coac	☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as r	mortgage or s	secured		
Debtor 2 only		car loan)	0 0			
■ Debtor 1 and Debtor	or 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the	,	☐ Judgment lien from a lawsuit	,			
☐ Check if this clain		☐ Other (including a right to offset)				
community debt		, J g				
Date debt was incurre	ed	Last 4 digits of account numb	her 0400	3		

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Debtor 1 Anthony Michael Riess		Case number (if known)		
First Name Middle N Debtor 2 Anna Marie Riess	ame Last Name			
First Name Middle N	ame Last Name			
2.3 Mortgage Service Center/PHH Mortgage	Describe the property that secures the claim:	\$42,236.36	\$57,000.00	\$0.00
Creditor's Name	25 S. Church Road Unit 145 Maple			
Attn: Bankruptcy	Shade, NJ 08052 Burlington County			
Department Po Box 5452	As of the date you file, the claim is: Check all that	J		
Mount Laurel, NJ 08054	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number 0042	2		
Mortgage Service				
2.4 Center/PHH Mortgage	Describe the property that secures the claim:	\$92,427.29	\$112,500.00	\$0.00
Creditor's Name	343 Hartford Road Mount Laurel, NJ			
Attn: Bankruptcy	08054 Burlington County			
Department Po Box 5452	As of the date you file, the claim is: Check all that	I		
Mount Laurel, NJ 08054	apply. ☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 5930	0		
2.5 Planet Home Lending	Describe the property that secures the claim:	\$271,244.85	\$420,000.00	\$0.00
Creditor's Name	1 Elmwood Road Mount Laurel, NJ			
Attn: Bankruptcy	08054 Burlington County			
321 Research Pkwy Ste 303	As of the date you file, the claim is: Check all that	J		
Meriden, CT 06450	apply. ☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 536	1		

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Debtor 1 Anthony Michael Riess				Case number (if known)	
	First Name	Middle Name	Last Name		
Debtor 2	Anna Marie Ries	s			
	First Name	Middle Name	Last Name		
Add the	dollar value of your er	ntries in Column A o	n this page. Write that number here:	\$556,308.5	
	the last page of your f	orm, add the dollar	value totals from all pages.	\$556,308.5	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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00	100 10 20100 0141	Document	Page 22	2 of 65	1.27.12	DCOO MAIN
Fill in this in	formation to identify your ca		T ddc Z			
Debtor 1	Anthony Michael R	ioss				
DODIOI 1	First Name	Middle Name	Last Name			
Debtor 2	Anna Marie Riess					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number (if known)					_	Check if this is an amended filing
	orm 106E/F e E/F: Creditors Wh	o Have Unsecured (Claims			12/15
any executory of Schedule G: Ex Schedule D: Cr left. Attach the name and case	contracts or unexpired leases the secutory Contracts and Unexpire editors Who Have Claims Secur Continuation Page to this page. number (if known).	Part 1 for creditors with PRIORITY at could result in a claim. Also lised Leases (Official Form 106G). Doed by Property. If more space is not good have no information to repose the country of the count	t executory on onot include a eeded, copy t	ontracts on Schedule A/E any creditors with partiall he Part you need, fill it ou	B: Property (Office y secured claims at, number the ea	sial Form 106A/B) and on s that are listed in ntries in the boxes on the
	st All of Your PRIORITY Unse					
	editors have priority unsecured	claims against you?				
No. Go	to Part 2.					
☐ Yes.						
Part 2:	st All of Your NONPRIORITY	Unsecured Claims				
	editors have nonpriority unsecu	red claims against you? i. Submit this form to the court with y	our other sche	dules.		
unsecured	claim, list the creditor separately for	ns in the alphabetical order of the or each claim. For each claim listed, the other creditors in Part 3.If you ha	identify what t	pe of claim it is. Do not list	claims already in	cluded in Part 1. If more
						Total claim
4.1 Ame	x	Last 4 digits of acco	unt number	2253		\$5,176.00
Corr Po B	iority Creditor's Name espondence/Bankruptcy Box 981540	When was the debt i		Opened 10/03 Las 11/23/18	t Active	
Numb	aso, TX 79998 er Street City State Zip Code incurred the debt? Check one.	As of the date you fi	le, the claim i	s: Check all that apply		
_	ebtor 1 only	☐ Contingent				
■ De	ebtor 2 only	☐ Unliquidated				
	ebtor 1 and Debtor 2 only	☐ Disputed				
_	least one of the debtors and anoth	T (NONDDIOD!	TY unsecured	l claim:		
	neck if this claim is for a commu					
debt	claim subject to offset?	шиу		ration agreement or divorce	e that you did not	
■ No)			g plans, and other similar d	ebts	
☐ Ye	s	Other. Specify	redit Card			

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	1 Anthony Michael Riess 2 Anna Marie Riess		Case number (if known)	
4.2	Bank Of America	Last 4 digits of account number	8785	\$20,560.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 982238 El Paso, TX 79998 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	Opened 12/03/98 Last Active 09/18	. ,
	Who incurred the debt? Check one. Debtor 1 only			
		☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	aration agreement or divorce that you did not	
	■ No			
	Yes	■ Other. Specify Credit Card	<u> </u>	
4.3	Citibank/The Home Depot Nonpriority Creditor's Name	Last 4 digits of account number	9392	\$5,716.00
	Attn: Recovery/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 03/07 Last Active 08/18	
	St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc		
4.4	Citicards Nonpriority Creditor's Name	Last 4 digits of account number	3036	\$48,655.00
	Citicorp Credit Services/Attn: Centraliz Po Box 790040	When was the debt incurred?	Opened 01/07 Last Active 06/18	
	Saint Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims	·	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	

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Anna Marie Riess		Case number (if known)	
Discover Financial	Last 4 digits of account number	2412	\$12,596.4
Nonpriority Creditor's Name		Opened 09/94 Last Active	
Po Box 3025 New Albany, OH 43054	When was the debt incurred?	10/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	1	
Garden State Radiology Network, LLC	Last 4 digits of account number		\$635.00
Nonpriority Creditor's Name 157 Fries Mill Road Turnersville, NJ 08012-2017	When was the debt incurred?		
lumber Street City State Zip Code Vho incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify medical se	rvices	
Kohls/Capital One	Last 4 digits of account number	0417	\$2,612.00
Kohls Credit Po Box 3120	When was the debt incurred?	Opened 11/16 Last Active 11/16/18	
Milwaukee, WI 53201 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community lebt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	•	
☐ Yes	■ Other. Specify Charge Acc	count	

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	Anthony Michael Riess Anna Marie Riess		Case number (if known)	
4.8	Syncb/car Care Pep B Nonpriority Creditor's Name	Last 4 digits of account number	3798	\$848.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 10/16 Last Active 09/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc	count	
4.9	Synchrony Bank/Lowes Nonpriority Creditor's Name	Last 4 digits of account number	8720	\$7,819.00
	Attn: Bankruptcy Dept Po Box 965060	When was the debt incurred?	Opened 05/14 Last Active 08/18	
	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc		
4.1 0	TD Bank, N.A. Nonpriority Creditor's Name	Last 4 digits of account number	5622	\$10,527.00
	32 Chestnut Street Po Box 1377	When was the debt incurred?	Opened 09/17 Last Active 09/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	l	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Anthony Michael Riess Debtor 2 Anna Marie Riess		Case number (if known)
have more than one creditor for any of the dek notified for any debts in Parts 1 or 2, do not fil		e additional creditors here. If you do not have additional persons to be
Name and Address	On which entry in Part 1 or Part 2 of	
Admin Recovery LLC	Line 4.10 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
45 Earhart Drive, Suite 102 Williamsville, NY 14221-7809		■ Part 2: Creditors with Nonpriority Unsecured Claims
Williamsvine, W1 14221-7003	Last 4 digits of account number	1639
Name and Address	On which entry in Part 1 or Part 2 or	· _
Allied Interstate LLC PO Box 361445	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Columbus, OH 43236		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	1391
Name and Address Business Revenue Systems, Inc.	On which entry in Part 1 or Part 2 of Line 4.6 of (Check one):	did you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims
6032 Trier Road		Part 2: Creditors with Nonpriority Unsecured Claims
Fort Wayne, IN 46815	Last 4 digits of account number	
	-	5684
Name and Address Client Services	On which entry in Part 1 or Part 2 or Line 4.9 of (<i>Check one</i>):	iid you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
3451 Harry S. Truman Blvd.	Line 4.3 of (Check one).	·
Saint Charles, MO 63301-4047		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	7554
Name and Address	On which entry in Part 1 or Part 2 or	· _
Credit Control, LLC	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
5757 Phantom Drive, Suite 330 Hazelwood, MO 63042		■ Part 2: Creditors with Nonpriority Unsecured Claims
nazeiwood, MO 03042	Last 4 digits of account number	1338
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?
D&A Services, LLC	Line 4.2 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
1400 E. Touhy Avenue, Suite G2		■ Part 2: Creditors with Nonpriority Unsecured Claims
Des Plaines, IL 60018	Last 4 digits of account number	1297
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?
Distressed Asset Portfoliio LLC	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
10625 Techwoods Circle		■ Part 2: Creditors with Nonpriority Unsecured Claims
Cincinnati, OH 45242	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 or	· · _
Gatestone 1000 N. West Street	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Suite 1200		■ Part 2: Creditors with Nonpriority Unsecured Claims
Wilmington, DE 19801		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 or	· · _
Mullooly Jeffrey Rooney & Flynn	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 9036 Syosset, NY 11791-9036		■ Part 2: Creditors with Nonpriority Unsecured Claims
Gyosset, W1 11731-3030	Last 4 digits of account number	4311
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?
Nationwide Credit, Inc.	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 10354		■ Part 2: Creditors with Nonpriority Unsecured Claims
Des Moines, IA 50306-0354	Last 4 digits of account number	2111
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?
Radius Global Solutions LLC	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
500 North Franklin Turnpike	•	■ Part 2: Creditors with Nonpriority Unsecured Claims
Cuite 200		

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Debtor 2 Anna Marie Riess Anna Marie Riess		Case number (if known)	
Ramsey, NJ 07446			
	Last 4 digits of account number	2050	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Tenaglia & Hunt, P.A.	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
395 West Passaic Street, Suite 205 Rochelle Park, NJ 07662		Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	9998	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
United Collection Bureau Inc.	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
5620 Southwyck Blvd.		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Suite 206		, ,	
Toledo, OH 43614	Last 4 digits of account number	2224	
	Last 4 digits of account number	2224	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total	6f.	Student loans	6f.	\$ Total Claim 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 115,144.48
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 115,144.48

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Fill in this infor	mation to identify your	case:		
Debtor 1	Anthony Michael	Riess		
	First Name	Middle Name	Last Name	
Debtor 2	Anna Marie Riess	;		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JE	RSEY	
Case number (if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Nissan Motor Acceptance Corp/Infinity Lt Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	Acct# 25008222488 Opened 08/18 Lease

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Fill in this	information to identify your	case:			
Debtor 1	Anthony Michae	l Riess			
20210	First Name	Middle Name	Last Name		
Debtor 2	Anna Marie Ries	S			
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case numb	per				
(if known)				☐ Check if this is an	I
				amended filing	
~ <i></i>	- 40011				
Official	Form 106H				
Sched	ule H: Your Cod	lebtors		12	2/15
our name	and case number (if known you have any codebtors? (if). Answer every question		o this page. On the top of any Additional Pages, v as a codebtor.	vrite
,	, ou navo un j oo uou oo o o (you are iming a joint oace,	ao	ao a 33332.6.1	
■ No					
☐ Yes					
	nin the last 8 years, have yo a, California, Idaho, Louisiana			y? (Community property states and territories include ington, and Wisconsin.)	;
	Go to line 3. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (16G). Use Schedule D, Schedule E/F, or Schedule	Official
out Co	olumn 2.				
	Column 1: Your codebtor Name, Number, Street, City, State and 2	7IP Code		Column 2: The creditor to whom you owe the	debt
	tame, reamber, eneet, only, etate and z			Check all schedules that apply:	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
	•				
				C Ochodolo D For	
3.2	Name			Schedule D, line	
•				☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	01-1-	710.0		
(City	State	ZIP Code		

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Fill	in this information to identify your	case:		
Del	otor 1 Anthony M	ichael Riess		
	otor 2 Anna Marie	Riess		
Uni	ted States Bankruptcy Court for th	e: DISTRICT OF NEW J	JERSEY	
	se number 		-	Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your Inc	come		12/1
spo	use. If you are separated and yo	ur spouse is not filing w . On the top of any additi	ith you, do not include information	ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every questior
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation		
	Include part-time, seasonal, or self-employed work.	Employer's name	Freedom Mortgage Corporation	
	Occupation may include student or homemaker, if it applies.	Employer's address	907 Pleasant Vallet Avenue Mount Laurel, NJ 08054	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,250.01 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. \$ \$ 6,250.01 0.00

Official Form 106I Schedule I: Your Income page 1

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Deb Deb	tor 1 tor 2	Anthony Michael Riess Anna Marie Riess	_	Case	e number (<i>if known</i>)			
					r Debtor 1		ebtor 2 or iling spouse	
	Сор	y line 4 here	4.	\$_	6,250.01	\$	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	808.88	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	375.01	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	702.43	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	1,886.32	\$	0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,363.69	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	-1,307.40	\$	0.00	
	8b.	Interest and dividends	8b.	\$-	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		· <u> </u>		·		
		settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	0.00	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Adoption subsidy	8e. 8f.	\$_ \$	0.00	\$ \$	1,825.00	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify: Estimated projected net bonus	_ 8h.+	\$_	3,000.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,692.60	\$	1,825.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,056.29 + \$_	1,82	= \$	7,881.29
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		. •	,	hedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$	7,881.29
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?				Combine monthly	

П	Yes.	Evn	lain
	165.		ıaııı

Bonus Income is sporatic and has decreased substantially over last few years. I have estimated net average I expect over year divided by 12 months.

Fill	in this informa	tion to identify yo	our case:					
	tor 1	Anthony Mic		\$\$		Che	eck if this is:	
		Antilony wile	maci itic	33			An amended filing	
	otor 2 ouse, if filing)	Anna Marie F	Riess				A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
	e numbe r nown)							
Of	fficial Fo	rm 106J						
		J: Your l	Exper	ises				12/1
Be	as complete a	and accurate as	possible.	. If two married people a ch another sheet to this				or supplying correct
Par		ibe Your House	hold					
1.	Is this a joir							
	□ No. Go to							
		s Debtor 2 live i	in a separ	ate household?				
	■ N □ Y	•	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	□ No	,	•			
۷.	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state dependents				son		13	□ No ■ Yes
					son		15	□ No ■ Yes
								□ No
								☐ Yes ☐ No
3.	Do your ove	enses include	_					☐ Yes
J.	expenses of	f people other to d your depende	han $_{m \Box}$	No Yes				
Est exp	imate your ex	ate Your Ongoing the Your Ongoing the Second	our bankr	uptcy filing date unless	you are using this fo plemental <i>Schedule</i>	orm as a si e J, check t	upplement in a Cha	apter 13 case to report of the form and fill in the
the		n assistance and		government assistance cluded it on Schedule I:			Your exp	enses
4.		or home owners and any rent for the		ses for your residence.	Include first mortgage	e 4.	\$	3,885.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	225.00
	4c. Home	maintenance, re	pair, and ι	ıpkeep expenses		4c.	:	115.00
_		owner's associat				4d.	·	0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	ome equity loans	5.	\$	875.00

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Debtor 1 Debtor 2	Anthony Michael Riess Anna Marie Riess	Case num	ber (if known)	
6. Utiliti	De:			
	Electricity, heat, natural gas	6a.	\$	279.00
6b.	Water, sewer, garbage collection	6b.	·	127.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	258.00
6d.	Other. Specify: Cell phone	6d.	·	228.00
	and housekeeping supplies	— 7.	\$	650.00
	care and children's education costs	8.	\$ ———	0.00
	ing, laundry, and dry cleaning	9.	·	100.00
	onal care products and services	10.	\$	100.00
	cal and dental expenses	10.	· : ———	
	· · · · · · · · · · · · · · · · · · ·	11.	Φ	100.00
	portation. Include gas, maintenance, bus or train fare. t include car payments.	12.	\$	200.00
	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	table contributions and religious donations	14.	·	0.00
5. Insur	<u> </u>	17.	Ψ	0.00
	t include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	· -	258.00
	Other insurance. Specify:	15d.	·	
	5. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
Speci	fy:	16.	\$	0.00
	Iment or lease payments: Car payments for Vehicle 1	17a.	¢	490.00
	Car payments for Vehicle 2	17a. 17b.	·	480.00
	• •		·	0.00
	Other. Specify:	17c.	· -	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
	cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). payments you make to support others who do not live with you.	10.	\$	
Speci	• • • • • • • • • • • • • • • • • • • •	19.	Ψ	0.00
	ry. real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> e		our Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	· -	0.00
		20b.	·	
	Property, homeowner's, or renter's insurance			0.00
	Maintenance, repair, and upkeep expenses	20d.	· -	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
l. Other	: Specify:	21.	+\$	0.00
2 Calcu	late your monthly expenses			
	Add lines 4 through 21.		\$	7,880.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	7,000.00
			l	
22c. <i>F</i>	add line 22a and 22b. The result is your monthly expenses.		\$	7,880.00
3. Calcu	late your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,881.29
	Copy your monthly expenses from line 22c above.	23b.	· -	7,880.00
		_00.	·	1,000.00
23c.	Subtract your monthly expenses from your monthly income.			4.00
	The result is your monthly net income.	23c.	\$	1.29
For ex	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?			se or decrease because of a
		n nc c-	mmissies/l	nue le received
☐ Ye	s. Explain here: Expenses have to be deferred in months whe	n no co	mmission/bo	nus is received

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Fill in this infor	mation to identify your	case:				
Debtor 1	Anthony Michael					
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2	Anna Marie Riess					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY			
Case number						
(if known)					if this is an	
				amend	ded filing	
Official For	m 106Dec					
Declarat	tion About a	n Individual	Debtor's Sched	dules	12/15	
obtaining mone		n connection with a bank		ng a false statement, concealin s up to \$250,000, or imprisonme		
Sig	n Below					
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankru	ptcy forms?		
■ No						
☐ Yes.	Name of person			Attach Bankruptcy Petition Pr	reparer's Notice.	
_				Declaration, and Signature (Official Form 119)		
•	alty of perjury, I declare e true and correct.	that I have read the sumi	nary and schedules filed with	this declaration and		
X /s/ Ant	thony Michael Riess		X /s/ Anna Marie R	liess		
	ny Michael Riess		Anna Marie Ries			
Signatu	re of Debtor 1		Signature of Debtor	2		
Date	Mav 20. 2019		Date May 20, 2 (019		

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		nation to identify you							
Debt	or 1	Anthony Michael Riess First Name Middle Name Last Name							
Debt	or 2	Anna Marie Ries		2ddi Name					
(Spou	se if, filing)	First Name	Middle Name	Last Name					
Unite	ed States Bar	kruptcy Court for the:	DISTRICT OF NEW JERS	SEY					
Case (if kno	e number wn)					heck if this is an mended filing			
Sta Be as	s complete a	of Financial	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup y additional pages, write you				
Part		,	rital Status and Where You	Lived Before					
1. '	What is your current marital status?								
	■ Married □ Not mar	ried							
2. During the last 3 years, have you lived anywhere other than where you live now?									
	■ No □ Yes. List	<i>.</i>							
	Debtor 1 Pri	or Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
state	■ No	es include Arizona, Ca		vada, New Mexico, Puerto Ri	ity property state or territory co, Texas, Washington and W				
Part	2 Explain	n the Sources of You	r Income						
	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once un		ndar years?			
	□ No ■ Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
the date voll filed for pankfillutor.			■ Wages, commissions, bonuses, tips	\$36,423.05	☐ Wages, commissions, bonuses, tips	\$0.00			
			☐ Operating a business		☐ Operating a business				

Official Form 107

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Debtor 1 **Anthony Michael Riess Anna Marie Riess** Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$104,677.00 ☐ Wages, commissions, \$0.00 Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$126,777.00 \$0.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until \$0.00 the date you filed for bankruptcy: For last calendar year: tax refund and gain \$43,322.00 (January 1 to December 31, 2018) from sale of rental property For the calendar year before that: tax refund \$1,392.00 (January 1 to December 31, 2017) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe

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	A di ca Mila di Bira	Document	Page 37 of 65)		
	tor 1 Anthony Michael Riess tor 2 Anna Marie Riess		Cas	se number (if known)		
DOD	Allia Marie Riess			oc ridinaci (ii knowi)	-	
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
	None other than regular payments to mortgage co. , car lease & utilities		\$0.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd ayment
	Within 1 year before you filed for bankrup Insiders include your relatives; any general p of which you are an officer, director, person i a business you operate as a sole proprietor. alimony.	partners; relatives of any ge n control, or owner of 20%	neral partners; partners or more of their voting	erships of which yo g securities; and a	ou are a genera ny managing ag	I partner; corporations gent, including one fo
	■ No					
	Yes. List all payments to an insider. Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	insider? Include payments on debts guaranteed or co ■ No ■ No	signed by an insider.				
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	t his payment tor's name
Part	t 4: Identify Legal Actions, Repossession	one and Foroclosuros				
	Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details.	y cases, small claims actio	ns, divorces, collectio		ctions, support	or custody
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		perty repossessed, f	oreclosed, garnis	shed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property Explain what happene		Date		Value of the property
	Within 90 days before you filed for bankru accounts or refuse to make a payment be ■ No □ Yes. Fill in the details.	 ıptcy, did any creditor, in		nancial institution	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action th	ne creditor took	Date taker	action was	Amount
	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or ■ No □ Yes		perty in the possess	ion of an assigne	e for the bene	fit of creditors, a

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	btor 1 Anthony Michael Riess btor 2 Anna Marie Riess		Case numbe	r (if known)	
Pai	rt 5: List Certain Gifts and Contribution	ns			
3.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift.	ruptcy,	did you give any gifts with a total value of more	than \$600 per person?	?
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and		Describe the gifts	Dates you gave the gifts	Value
	Address:				
4.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or		did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo	total	Describe what you contributed	Dates you contributed	Value
Pai	rt 6: List Certain Losses				
5.	Within 1 year before you filed for bankru or gambling?	uptcy o	r since you filed for bankruptcy, did you lose an	ything because of thef	t, fire, other disaster
	Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	rt 7: List Certain Payments or Transfer	rs			
6.	consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No	prepar	lid you or anyone else acting on your behalf pay ing a bankruptcy petition? rs, or credit counseling agencies for services requir		rty to anyone you
	Yes. Fill in the details.		Bassis dans a bash a familia at	D-1	A
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Paul & Katz, P.C. 1103 Laurel Oak Road Suite 105C Voorhees, NJ 08043-4375 elp@paulandkatzlaw.com		Attorney Fees credit reports and filing fee	11-14-18 \$2,000, 5-20-19	\$2,465.00
7.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	ditors		or transfer any prope	rty to anyone who
	■ No				
	Yes. Fill in the details. Person Who Was Paid		Description and value of any property	Date payment	Amount of
	Address		transferred	or transfer was made	payment

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Debtor 1 Anthony Michael Riess
Debtor 2 Anna Marie Riess

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. \[\sum_{\text{n}} \text{No} \]								
	Yes. Fill in the details.								
	Person Who Received Transfer Address	Description and very property transfer		payme	be any property or ents received or debts n exchange	Date transfer was made			
	Person's relationship to you			J					
	Need name and address of purchaser	1345 Browning Camden, NJ 08 ²		\$29,0	00	10/17/2017			
	None								
	Need name and address of purchaser	564B Willow Tu Laurel, NJ 0805	•	\$87,9	00	10/25/18			
	None								
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.	d trust or similar device o	of which you are a						
	Name of trust Description and value of the property transferred Date Transfer w								
Par	rt 8: List of Certain Financial Accounts, Ins	struments. Safe Deposit	Boxes, and St	orage Units	s	made			
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association of the same of the	or other financial accou	nts; certificates	of deposit		, ,			
	Name of Financial Institution and	Last 4 digits of	Type of accou	int or	Date account was	Last balance			
	Address (Number, Street, City, State and ZIP Code)	account number	instrument		closed, sold, moved, or transferred	before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	· ·					Do you still have it?			
22.	Have you stored property in a storage unit of	or place other than your	home within 1	year befor	e you filed for bankruptc	y?			
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?			

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Debtor 1 Anthony Michael Riess
Debtor 2 Anna Marie Riess

Case number (if known)

Par	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust					
	No No								
	Yes. Fill in the details.	Where is the manager.	December the amount of	Value					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Par	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environm	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements	and orders.					
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	t 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to an	y business?					
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time	-					
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLP)						
	☐ A partner in a partnership								
		tive of a corporation							
	☐ An owner of at least 5% of the voting or								

Filed 05/20/19 Entered 05/20/19 11:27:12 Desc Main Case 19-20138-JNP Doc 1 Page 41 of 65 Document Debtor 1 **Anthony Michael Riess Anna Marie Riess** Debtor 2 Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No

Name
Address
(Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Anthony Michael Riess
Anthony Michael Riess
Anna Marie Riess
Anna Marie Riess
Signature of Debtor 1

Date May 20, 2019

Date May 20, 2019

Date May 20, 2019

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Yes. Fill in the details below.

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	ation to identify your	case:		
Debtor 1				
	First Name	Middle Name	Last Name	
Debtor 2	Anna Marie Riess	•		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	kruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number				☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	_
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Debtor 2	Anthony Anna Mar	Michael Riess ie Riess		Case number (if	known)
				<u> </u>	·
name:				operty and redeem it.	□Yes
Descri	otion of		☐ Retain the pro Reaffirmation	perty and enter into a Agreement.	
proper	ty		☐ Retain the pro	perty and [explain]:	
securir	ng debt:				
n the info	nexpired per ormation belo		d in Schedule G: Ex nexpired leases are	leases that are still in effe	expired Leases (Official Form 106G), fill ct; the lease period has not yet ended. 55(p)(2).
Describe	vour unexni	red personal property leases			Will the lease be assumed?
Describe	your unexpi	rea personal property leases			Will the lease be assumed.
Lessor's name: Nissan Motor Acceptance Corp/l		rp/Infinity Lt		□ No	
					■ Yes
Description Property:	on of leased	Acct# 25008222488 Opened 08/18 Lease			
Part 3:	Sign Below				
		ry, I declare that I have indicated n t to an unexpired lease.	ny intention about a	ny property of my estate th	nat secures a debt and any personal
X /s/	Anthony Mic	chael Riess	X /s	/ Anna Marie Riess	
	hony Micha			nna Marie Riess	
	ature of Debt		=	ignature of Debtor 2	
Date	May 20), 2019	Date	May 20, 2019	

Fill i	n this information to identify your case:						irected in	this form and in F	Form
Deb	tor 1 Anthony Michael Riess			12	22A-1S	upp:			
	tor 2 Anna Marie Riess use, if filing)			-	□ 1. 7	There is no pres	umption o	of abuse	
Unit	ed States Bankruptcy Court for the: District of New J	ersey		-			nade und	ine if a presumption of the interest of the in	
Cas	e number			-	□ 3. 1	· Γhe Means Test	does not	apply now becau but it could apply l	
						neck if this is a		117	aler.
⊃f1	ficial Form 122A - 1					ICCK II IIIIS IS A	ii ailieik	dea ming	
	apter 7 Statement of Your Cu	ırrent	Month	nly Ind	com	<u> </u>			12/15
<u> </u>	apter 7 Statement of Tour Cu	- Cit	· WOTTE	ily ilic	JOIII				12/13
ttac ase quali	s complete and accurate as possible. If two married people has separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted fr fying military service, complete and file Statement of Exemple 1.	which the	additional in sumption of a	nformation buse becar	applies	s. On the top of a I do not have pri	ny additio narily con	nal pages, write yo sumer debts or be	ur name and cause of
Pari									
1.	What is your marital and filing status? Check one of	only.							
	Not married. Fill out Column A, lines 2-11.				0.44				
	■ Married and your spouse is filing with you. Fill			•	3 2-11.				
	☐ Married and your spouse is NOT filing with you		•		. 1	A and D. Passa	. 44		
	Living in the same household and are not leg							n dh'a ban na da	
	☐ Living separately or are legally separated. Fil penalty of perjury that you and your spouse are living apart for reasons that do not include evac	e legally se	eparated un	der nonba	nkrupto	cy law that appli	es or that		
10 th	ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-te 6 months, add the income for all 6 months and divide the tot bouses own the same rental property, put the income from that	-month peri tal by 6. Fill	iod would be I I in the result.	March 1 thro Do not inclu	ough Au ide any	gust 31. If the amount m	ount of you ore than o	r monthly income va nce. For example, if	ried during both
					Colui Debt		Columi Debtor		
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	and co	mmissions	(before all	\$	9,814.19	\$	0.00	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	le paymer	nts from a sp	oouse if	\$	0.00	\$	0.00	
	All amounts from any source which are regularly of you or your dependents, including child supportion an unmarried partner, members of your househout and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	rt. Include old, your d spouse or	e regular cor dependents, nly if Columr	ntributions parents,	\$	1,825.00	\$	0.00	
5.	Net income from operating a business, profession	ı, or farm	n Debtor	1					
	Gross receipts (before all deductions)	\$	0.00	•					
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or fa	arm \$	0.00 Co	py here ->	> \$	0.00	\$	0.00	
6.	Net income from rental and other real property					_		_	
			Debtor						
	Gross receipts (before all deductions) \$		1,490.0						
	Ordinary and necessary operating expenses -\$		2,797.4						
	Net monthly income from rental or other real property \$		0.0	Copy 0 here ->	•\$	0.00	\$	0.00	
7	Interest, dividends, and royalties			_	\$	0.00	\$	0.00	
	see, aaeae, and rejuines								

Official Form 122A-1

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employment compensation not enter the amount if you contend that ' Social Security Act. Instead, list it here:			Column	A	Column	P	
not enter the amount if you contend that			Debtor 1	l	Debtor		
			\$	0.00	\$	0.00	
Coolar Coounty / toti motoda, not it more:	the amount received wa	s a benefit und	der				
or you	\$	0.00					
or your spouse	\$	0.00					
asion or retirement income. Do not include fit under the Social Security Act.	ude any amount receive	ed that was a	\$	0.00	\$	0.00	
not include any benefits received under t eived as a victim of a war crime, a crime nestic terrorism. If necessary, list other so	he Social Security Act o against humanity, or into	or payments ernational or					
·			\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
Total amounts from separate pages	s, if any.		+ \$	0.00	\$	0.00	
			11,639.19	+ _	0.00	<u> </u>	639.19
. Copy your total current monthly income	from line 11		Co	opy line 11		x 12	639.19
. The result is your annual income for this	s part of the form					12b. \$ 139,6	570.28
culate the median family income that a	applies to you. Follow t	hese steps:					
in the state in which you live.	NJ						
ind a list of applicable median income ar	nounts, go online using	the link specific				13. \(\\$125,2	165.00
w do the lines compare?							
 Line 12b is less than or equal to Go to Part 3. 	line 13. On the top of p	page 1, check b	oox 1, There	is no presun	nption of a	buse.	
		eck box 2, The	presumption	of abuse is	determine	d by Form 122A	·2.
Sign Below							
By signing here, I declare under penalty	y of perjury that the info	rmation on this	statement ar	nd in any att	achments	is true and corre	ct.
V /s/ Anthony Michael Piess		V lel A	ana Maria I	Pioce			
Anthony Michael Riess		Anna	Marie Rie	SS			
· ·		_					
MM / DD / YYYY			DD / YYYY				
	or file Form 122A-2.						
	refit under the Social Security Act. Tome from all other sources not listed a not include any benefits received under the served as a victim of a war crime, a crime in estic terrorism. If necessary, list other so all below. Total amounts from separate pages culate your total current monthly income the column. Then add the total for Column Determine Whether the Means Test culate your current monthly income to the column. Then add the total for Column Multiply by 12 (the number of months in the result is your annual income for this culate the median family income that a fin the state in which you live. In the number of people in your household in the median family income for your state find a list of applicable median income are this form. This list may also be available at the dother than the state in the state in which you live. In the number of people in your household in the median family income for your state find a list of applicable median income are this form. 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This list may also be available at the state of applicable median income are this form. Thi	refit under the Social Security Act. In the from all other sources not listed above. Specify the sour not include any benefits received under the Social Security Act to exive as a victim of a war crime, a crime against humanity, or intensitic terrorism. If necessary, list other sources on a separate pail below. Total amounts from separate pages, if any. Culate your total current monthly income. Add lines 2 through h column. Then add the total for Column A to the total for Column A to the total for Column. Then add the total for Column A to the total for Column. Copy your total current monthly income for the year. Follow these in Copy your total current monthly income from line 11. Multiply by 12 (the number of months in a year) The result is your annual income for this part of the form culate the median family income that applies to you. Follow the in the state in which you live. NJ in the number of people in your household. 4 the median family income for your state and size of household find a list of applicable median income amounts, go online using this form. This list may also be available at the bankruptcy clerk's the dothelines compare? Line 12b is less than or equal to line 13. On the top of page 1, che Go to Part 3. Line 12b is more than line 13. On the top of page 1, che Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information of the page 1. May 20, 2019	lefit under the Social Security Act. In the form all other sources not listed above. Specify the source and amount not include any benefits received under the Social Security Act or payments eived as a victim of a war crime, a crime against humanity, or international or nestic terrorism. If necessary, list other sources on a separate page and put the lebow. Total amounts from separate pages, if any. Culate your total current monthly income. Add lines 2 through 10 for h column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Culate your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 11 Multiply by 12 (the number of months in a year) The result is your annual income for this part of the form Culate the median family income that applies to you. Follow these steps: In the state in which you live. NJ In the number of people in your household. In the median family income for your state and size of household. In the median family income for your state and size of household. In the median family income for your state and size of household. In the median family income for your state and size of household. In the median family income for your state and size of household. In the median family income for your state and size of household. 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Income include any benefits received under the Social Security Act or payments sived as a victim of a war crime, a crime against humanity, or international or nestic terrorism. If necessary, list other sources on a separate page and put the libelow. Total amounts from separate pages, if any. Total amounts from separate pages, if any. **Culate your total current monthly income. Add lines 2 through 10 for h column. Then add the total for Column A to the total for Column B. **Determine Whether the Means Test Applies to You **Culate your current monthly income for the year. Follow these steps: **Copy your total current monthly income from line 11	culate your total current monthly income for the year. Follow these steps: Copy Journal of the median family income that applies to you. Follow these steps: in the state in which you live. NJ In the median family income that applies to you. 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Social Security Act or payments be social Security Act or payments be sized as a vicinity of a war or memoral of the sources on a separate page and put the labelow. Social Security Act or payments be sized as a vicinity of a war or memoral or nestic terrorism. If necessary, list other sources on a separate page and put the labelow. Total amounts from separate pages, if any. Cualte your total current monthly income. Add lines 2 through 10 for h column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You cualte your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 11. Copy line 11 here=> Copy line 11 here=> \$ 11,6 11,6 12,5 Total current monthly income for the year. Follow these steps: In the result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 12b. In the median family income that applies to you. Follow these steps: In the state in which you live. NJ In the median family income for your state and size of household. In the median family income for your state and size of household. In the median family income amounts, go online using the link specified in the separate instructions his form. This ist may also be available at the bankruptcy clerk's office. We do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct X /s/ Anthony Michael Riess Anthony Michael Riess Signature of Debtor 1 In the May 20, 2019 Date May 20, 2019

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Fill in this information to identify your case:	Check the appropriate box as directed in
Debtor 1 Anthony Michael Riess	lines 40 or 42:
Debtor 2 Anna Marie Riess	According to the calculations required by this Statement:
(Spouse, if filing)	
United States Bankruptcy Court for the: District of New Jersey	■ 1. There is no presumption of abuse.
Case number(if known)	☐ 2. There is a presumption of abuse.
	☐ Check if this is an amended filing
Official Form 122A - 2	3
Chapter 7 Means Test Calculation	04/19
To fill out this form, you will need your completed copy of CI	hapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).
space is needed, attach a separate sheet to this form, Include additional pages, write your name and case number (if know	pple are filing together, both are equally responsible for being accurate. If more e the line number to which additional information applies. On the top any (n).
Part 1: Determine Your Adjusted Income	
1 Copy your total current monthly income	Copy line 11 from Official Form 122A-1 here=> \$ 11 639 19

Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>...... \$ 11,639.19 Did you fill out Column B in Part 1 of Form 122A-1? ☐ No. Fill in \$0 for the total on line 3. ■ Yes. Is your spouse Filing with you? □ No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents? ■ No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below: State each purpose for which the income was used Fill in the amount you are subtracting from For example, the income is used to pay your spouse's tax debt or to your spouse's income support other than you or your dependents. 0.00 Total. Copy total here=>... - \$ 0.00 \$

Adjust your current monthly income. Subtract line 3 from line 1.

11,639.19

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	Docui		e 47 of 65	, 11.21.12	Desc Main
ebtor 1 ebtor 2	Anthony Michael Riess Anna Marie Riess		Case number (if kr	nown)	
art 2:	Calculate Your Deductions from Your Income				
to an	nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be a	ndards, go online i	using the link specified		mounts
your	act the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Due in line 3 and do not deduct any operating expenses the	o not deduct any an	nounts that you subtract	ed fro your spouse	's
If you	r expenses differ from month to month, enter the average	ge expense.			
Whe	never this part of the from refers to you, it means both yo	ou and your spouse	if Column B of Form 122	2A-1 is filled in.	
5.	The number of people used in determining your ded	luctions from inco	me		
	Fill in the number of people who could be claimed as ex plus the number of any additional dependents whom yo the number of people in your household.				
Natio	onal Standards You must use the IRS National	l Standards to answ	er the questions in lines	6-7.	
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and		in line 5 and the IRS Na	ational \$	1,786.00
	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the addition	nber of people is spl a higher IRS allowa	it into two categoriespe ince for health care cost	eople who are unde	er 65 and
Peop	ole who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$ 55.00			
	7b. Number of people who are under 65	X 4			
	7c. Subtotal. Multiply line 7a by line 7b.	\$ 220.00	Copy here=>	\$220.00	<u> </u>
Peop	ole who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$ 114.00			
	7e. Number of people who are 65 or older	X 0			
	7f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=>	+\$ 0.00	
	71. Oubtotal widitiply line 70 by line 76.	Ψ	Copy nere=>	-Ψ 0.00	_

220.00

Copy total here=> \$

7g. Total. Add line 7c and line 7f

220.00

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Debtor 1 Anthony Michael Riess
Debtor 2 Anna Marie Riess

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines	8-	15).	
---	----	----	----	--

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local	Standard for housing for
bankruptcy purposes into two parts:	

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	ne of the creditor Average mor payment			
Bank of America	\$	875.00		
Mortgage Service Center/PHH Mortgage	\$	746.68		
Planet Home Lending	\$	4,218.00		

			C			Repeat this
T	•	5.839.68	Сору	•	5,839.68	amount on
Total average monthly payment	\$	5,059.00	here=>	-\$	5,639.66	line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage	_	0.00	Сору	_	0.00
or rent expense). If this amount is less than \$0, enter \$0	\$	0.00	here=>	\$	0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

☐ 0. Go to line 14.

Explain why:

■ 1. Go to line 12.

☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

s 244.00

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Anthony Michael Riess Debtor 1 **Anna Marie Riess** Debtor 2 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. 13. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 13a. Ownership or leasing costs using IRS Local Standard..... 508.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** \$ 0.00 0.00 here => line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0. expense 508.00 508.00 \$ here => \$ Vehicle 2 **Describe Vehicle 2:** 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Copy Repeat this here amount on **Total Average Monthly Payment** Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. expense 0.00 0.00 here => \$ Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 0.00 Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Debtor 2 Anthony Michael Riess
Anna Marie Riess

Case number (if known)

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a sa a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone ser					
self-employment taxes, social security faxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 10. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 18. Childcare: The total monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by your solutions provided that is more than the total entered in line 7. Payments for health insurance or health savings accounts sh	Oth	•		for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a a a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone ser	16.	self-employment taxes, social your pay for these taxes. How	al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12		
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a sa a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production o		Do not include real estate, sa	ales, or use taxes.	\$	2,169.29
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, intermet and cell phone service. Do not include self-employment	17.				
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.		Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	18.	filing together, include payme insurance on your dependen	ents that you make for your spouse's term life insurance. Do not include premiums for life	\$	19.41
20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	19.				
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for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	20.				
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 562.3		• •		\$	0.00
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 563.3	21.	Childcare: The total monthly	v amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$		Do not include payments for	any elementary or secondary school education.	\$	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. **5.763.78** **Comparison of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by your employer. **Solution of the production of income, if it is not reimbursed by you	22.	that is required for the health	and welfare of you or your dependents and that is not reimbursed by insurance or paid		0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$		Payments for health insurance	ce or health savings accounts should be listed only in line 25.	\$	0.00
expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$50	23.	for you and your dependents phone service, to the extent	s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of		
24. Add all of the expenses allowed under the IRS expense allowances. \$ 5,762.7				+\$_	50.00
Add lines 6 through 23.	24.	•	owed under the IRS expense allowances.	\$	5,762.70

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Debtor 1
Debtor 2
Anthony Michael Riess
Anna Marie Riess
Case number (if known)

Add	itional Expense Deductions These are additional	deduction	ns allowed by th	e Means Test.			
25.	5. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.						
	Health insurance	\$	697.67				
	Disability insurance	\$	43.01				
	Health savings account	+ \$	0.00				
	Total	\$	740.68	Copy total here=>	\$	740.68	
	Do you actually spend this total amount?						
	No. How much do you actually spend?	•					
	Yes	\$					
26.	Continued contributions to the care of household of continue to pay for the reasonable and necessary care your household or member of your immediate family winclude contributions to an account of a qualified ABLE	and sup ho is una	port of an elderlable to pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00	
27.	Protection against family violence. The reasonably safety of you and your family under the Family Violence						
	By law, the court must keep the nature of these expens	ses confi	dential.		\$	0.00	
28.	8. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.						
	If you believe that you have home energy costs that ar 8, then fill in the excess amount of home energy costs.		nan the home er	nergy costs included in expenses on line			
	You must give your case trustee documentation of you amount claimed is reasonable and necessary.	r actual e	expenses, and y	ou must show that the additional	\$	0.00	
29.	Education expenses for dependent children who a \$170.83* per child) that you pay for your dependent chipublic elementary or secondary school.						
	You must give your case trustee documentation of you claimed is reasonable and necessary and not already						
	* Subject to adjustment on 4/01/22, and every 3 years	after that	for cases begu	n on or after the date of adjustment.	\$	0.00	
30.	Additional food and clothing expense. The monthly higher than the combined food and clothing allowances than 5% of the food and clothing allowances in the IRS	s in the IF	RS National Star				
	To find a chart showing the maximum additional allowarinstructions for this form. This chart may also be available.						
	You must show that the additional amount claimed is re	easonabl	le and necessar	y.	\$	0.00	
31.	Continuing charitable contributions. The amount the instruments to a religious or charitable organization. 26			ntribute in the form of cash or financial	+\$	0.00	
32.	Add all of the additional expense deductions. Add lines 25 through 31.				\$	740.68	

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Debtor 1
Debtor 2
Anthony Michael Riess
Anna Marie Riess
Case number (if known)

Dedu	Deductions for Debt Payment									
33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.										
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.									
	Morto	gages on your home:						Avera payme	ge monthly ent	
33a.	Сору	line 9b here					=>	.	5,839.6	8
		s on your first two vehicles:								
33b.							=>	_	0.0	0_
33c.	Сору	line 13e here					=>		0.0	0_
33d.	List o	ther secured debts:								
Name	of each	creditor for other secured debt	Identify property that secures the debt		i	Does payment nclude taxes nsurance?				
						□ No				
-	-NON	E-	_			☐ Yes		.		_
						□ No				
						☐ Yes		5		
-										_
						□ No				
-						☐ Yes	_ +			_
							Сору			
33e.	Total a	verage monthly payment. Add li	nes 33a through 33d	\$		5,839.68	total	;> \$	5,839.	68
000.		rorago monany paymona risa a					here=	:>		
			secured by your primary residence, a vel upport or the support of your dependents							
	No.	Go to line 35.								
	Yes.		t pay to a creditor, in addition to the paymen sion of your property (called the <i>cure amour</i> information below.							
Name	e of the	creditor	Identify property that secures the debt			al cure ount			onthly cure nount	
-NO	NE-				\$	-	÷ 60 =	\$		_
							7			_
			т	otal \$_		0.00	Copy total here=	Φ		0.00
	35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.									
	No.	Go to line 36.								
	_		hese priority claims. Do not include current of those you listed in line 19.	or						
		Total amount of all past-due p	riority claims	\$_		0.00	÷ 60 =	\$		0.00

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Debtor 1 Debtor 2		a Marie Riess		Cas	e number (if known)			
Fo	or more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for Bankruptcy Basins for this form. Bankruptcy Basics may also be available	ics specified					
■ No. Go to line 37.								
	Yes.	Fill in the following information.						
		Projected monthly plan payment if you were filing under	r Chapter 13		\$			
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for diand North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in Ala	stees	Х			
		To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Сору	total	
		Average monthly administrative expense if you were fili	ng under Ch	apter 13	\$	here=		
		of the deductions for debt payment. es 33e through 36.					\$5,839.68_	
Total	Deduc	tions from Income						
38. A	dd all c	of the allowed deductions.						
		ne 24, All of the expenses allowed under IRS	\$	5,762.70)			
	•	e allowancese allowances electrons electrons	Ф Ф	740.68	_			
			Ψ		_			
•	ору ш	e 37, All of the deductions for debt payment	+\$	5,839.68	<u>-</u>			
		Total deductions	\$	12,343.06	Copy total he	ere=>	\$12,343.06	
Part 3:	Det	termine Whether There is a Presumption of Abuse						
39. C a	alculat	e monthly disposable income for 60 months						
3	39a. Co	py line 4, adjusted current monthly income	\$	11,639.19)			
3	39b. Co	py line 38, Total deductions	- \$	12,343.06	- 5			
3		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-703.87	Copy here=>\$		703.87	
F	or the	next 60 months (5 years)				x 60		
		· · · · · · · · · · · · · · · · · · ·				····		
3	39d. To	tal. Multiply line 39c by 60	39d.	\$	_れつ つなつ つい ー	Copy here=>	\$	
40. Fi	ind out	whether there is a presumption of abuse. Check the	box that app	lies:		'		
	The I	ine 39d is less than \$8,175*. On the top of page 1 of thi	is form, ched	ck box 1, The	ere is no presum	ption of abu	se. Go to Part 5.	
		ine 39d is more than \$13,650*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form, ch	eck box 2, 7	There is a presur	nption of ab	use. You may fill out	
] The I	ine 39d is at least \$8,175*, but not more than \$13,650	*. Go to line	41.				
*8	Subject	to adjustment on 4/01/22, and every 3 years after that fo	r cases filed	on or after th	he date of adjust	ment.		

Anthony Michael Riess

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Debtor 1 Debtor 2		hony Michael Riess a Marie Riess		Case number (if known)				
41.	41a.	Fill in the amount of your total nonpriority unsecured debt A Summary of Your Assets and Liabilities and Certain Statistic Schedules (Official Form 106Sum), you may refer to line 3b or	cal	al Information that form. x .25				
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 7						
		Multiply line 41a by 0.25						
25	% of y	ne whether the income you have left over after subtracting a your unsecured, nonpriority debt. ne box that applies:	all	Ill allowed deductions is enough to pay				
		39d is less than line 41b. On the top of page 1 of this form, cho Part 5.	ec	eck box 1, There is no presumption of abuse.				
		39d is equal to or more than line 41b. On the top of page 1 of <i>umption of abuse.</i> You may fill out Part 4 if you claim special circ						
Doret A.	C:	va Dataila Abaut Smaaial Ciraumatanaaa						
Part 4:	GIV	ve Details About Special Circumstances	_					
_		e alternative? 11 U.S.C. § 707(b)(2)(B).						
- N	10. GC	o to Part 5.						
		Il in the following information. All figures should reflect your avera m. You may include expenses you listed in line 25.	age	age monthly expense or income adjustment for each				
	ne	ou must give a detailed explanation of the special circumstances ecessary and reasonable. You must also give your case trustee of light structures.						
	G	Give a detailed explanation of the special circumstances		Average monthly expense or income adjustment				
	_			 \$				
	_			 \$				
	_							
	_			 \$				
Part 5:	Sig	gn Below						
	By si	igning here, I declare under penalty of perjury that the informatio	n (n on this statement and in any attachments is true and correct.				
	X /s/	/ Anthony Michael Riess	X	(/s/ Anna Marie Riess				
	Ar	nthony Michael Riess		Anna Marie Riess				
Da		gnature of Debtor 1 ay 20, 2019 Dat	е	Signature of Debtor 2 • May 20, 2019				
	M	M/DD/YYYY	-	MM/DD/YYYY				

Debtor 1 Anthony Michael Riess
Debtor 2 Anna Marie Riess

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2018 to 04/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Freedom Mortgage

Income by Month:

6 Months Ago:	11/2018	\$12,692.87
5 Months Ago:	12/2018	\$9,769.22
4 Months Ago:	01/2019	\$9,961.53
3 Months Ago:	02/2019	\$10,153.84
2 Months Ago:	03/2019	\$10,153.84
Last Month:	04/2019	\$6,153.84
	Average per month:	\$9,814.19

Line 4 - Child support income (including foster care and disability)

Source of Income: Foster care

Income by Month:

6 Months Ago:	11/2018	\$1,825.00
5 Months Ago:	12/2018	\$1,825.00
4 Months Ago:	01/2019	\$1,825.00
3 Months Ago:	02/2019	\$1,825.00
2 Months Ago:	03/2019	\$1,825.00
Last Month:	04/2019	\$1,825.00
	Average per month:	\$1,825.00

Line 6 - Rent and other real property income Source of Income: 25 S. Church Road, Unit 145

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	11/2018	\$500.00	\$793.84	\$-293.84
5 Months Ago:	12/2018	\$500.00	\$793.84	\$-293.84
4 Months Ago:	01/2019	\$500.00	\$793.84	\$-293.84
3 Months Ago:	02/2019	\$500.00	\$793.84	\$-293.84
2 Months Ago:	03/2019	\$500.00	\$793.84	\$-293.84
Last Month:	04/2019	\$500.00	\$793.84	\$-293.84
	Average per month:	\$500.00	\$793.84	
			Average Monthly NET Income:	\$-293.84

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Anthony Michael Riess Debtor 1 Anna Marie Riess Debtor 2 Case number (if known) Line 6 - Rent and other real property income Source of Income: 343 Hartford Road Income/Expense/Net by Month: Income Expense Net 11/2018 \$990.00 \$2,003.56 \$-1,013.56 6 Months Ago: 12/2018 \$990.00 \$2,003.56 \$-1,013.56 5 Months Ago: 01/2019 \$990.00 \$2,003.56 \$-1,013.56 4 Months Ago: 02/2019 \$990.00 \$2,003.56 \$-1,013.56 3 Months Ago: 03/2019 \$990.00 2 Months Ago: \$2,003.56 \$-1,013.56 \$990.00 04/2019 \$-1,013.56 Last Month: \$2,003.56

\$990.00

Average per month:

\$2,003.56

Average Monthly NET Income:

\$-1,013.56

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7:	Liquidation
(\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
(\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-20138-JNP Doc 1 Filed 05/20/19 Entered 05/20/19 11:27:12 Desc Main Document Page 61 of 65

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of New Jersey

In	Anthony Michael Riess Anna Marie Riess		Case No.			
	Aima marie Riess	Debtor(s)	Chapter	7		
	DISCLOSURE OF CO	OMPENSATION OF ATTOR	RNEY FOR D	EBTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr compensation paid to me within one year befor be rendered on behalf of the debtor(s) in conter	e the filing of the petition in bankruptcy,	or agreed to be pai	d to me, for services ren	dered or to	
	For legal services, I have agreed to accept		\$	2,500.00		
	Prior to the filing of this statement I have			2,050.00		
	Balance Due		\$	450.00		
2.	The source of the compensation paid to me was	S:				
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is	:				
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.					
	☐ I have agreed to share the above-disclosed copy of the agreement, together with a list				w firm. A	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	decline to provide additional ser	lules, statement of affairs and plan which	may be required; and any adjourned he s as needed. Contation. Any additional contact in the cont	arings thereof;	ght to	
5.	any other adversary proceeding	closed fee does not include the following a any dischargeability actions, judi , other contested matters, adversa ptions, other discharge issues and	cial lien avoidan ry proceedings,		actions or	
		CERTIFICATION				
this	I certify that the foregoing is a complete statem is bankruptcy proceeding.	ent of any agreement or arrangement for	payment to me for	representation of the de	ebtor(s) in	
	May 20, 2019	/s/ Edward L. Pau	ıl			
	Date	Edward L. Paul E				
		Signature of Attorne Paul & Katz, P.C.	У			
		1103 Laurel Oak	Road			
		Suite 105C	142 4275			
		Voorhees, NJ 080 856-435-6565 Fa				
		elp@paulandkatz				
		Name of law firm	-	-		

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United States Bankruptcy CourtDistrict of New Jersey

	Anthony Michael Riess			
In re	Anna Marie Riess		Case No.	
		Debtor(s)	Chapter	7
The ab		ICATION OF CREDITOR		of their knowledge.
Date:	May 20, 2019	/s/ Anthony Michael Riess Anthony Michael Riess Signature of Debtor		
Date:	May 20, 2019	/s/ Anna Marie Riess		

Signature of Debtor

Admin Recovery LLC 45 Earhart Drive, Suite 102 Williamsville, NY 14221-7809

Allied Interstate LLC PO Box 361445 Columbus, OH 43236

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Bank of America Attn: Bankruptcy Nc4-105-02-77 Po Box 26012 Greensboro, NC 27410

Business Revenue Systems, Inc. 6032 Trier Road Fort Wayne, IN 46815

Citibank/The Home Depot Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citicards Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Client Services 3451 Harry S. Truman Blvd. Saint Charles, MO 63301-4047

Credit Control, LLC 5757 Phantom Drive, Suite 330 Hazelwood, MO 63042

D&A Services, LLC 1400 E. Touhy Avenue, Suite G2 Des Plaines, IL 60018

Discover Financial Po Box 3025 New Albany, OH 43054

Distressed Asset Portfoliio LLC 10625 Techwoods Circle Cincinnati, OH 45242

Garden State Radiology Network, LLC 157 Fries Mill Road Turnersville, NJ 08012-2017

Gatestone 1000 N. West Street Suite 1200 Wilmington, DE 19801

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

Mortgage Service Center/PHH Mortgage Attn: Bankruptcy Department Po Box 5452 Mount Laurel, NJ 08054

Mullooly Jeffrey Rooney & Flynn P.O. Box 9036 Syosset, NY 11791-9036

Nationwide Credit, Inc. P.O. Box 10354 Des Moines, IA 50306-0354

Nissan Motor Acceptance Corp/Infinity Lt Attn: Bankruptcy Po Box 660360 Dallas, TX 75266

Planet Home Lending Attn: Bankruptcy 321 Research Pkwy Ste 303 Meriden, CT 06450

Radius Global Solutions LLC 500 North Franklin Turnpike Suite 200 Ramsey, NJ 07446

Syncb/car Care Pep B Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

TD Bank, N.A. 32 Chestnut Street Po Box 1377 Lewiston, ME 04243

Tenaglia & Hunt, P.A. 395 West Passaic Street, Suite 205 Rochelle Park, NJ 07662

United Collection Bureau Inc. 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614